

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-038593
5169 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED OCT 25 1962

VS 300
Rev. 4/59

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2 3 48
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Merritt R. Fricke

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 32 YEARS | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKEVIEW HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS APT. # 21 3521 BALTIMORE AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH K. BOTHWELL | | 4. DATE OF DEATH Month Day Year OCTOBER 10 1962 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/18/76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR | | 10b. KIND OF BUSINESS OR INDUSTRY SNOWMAN MANUFACTURING CO. KNOBNOSTER, MO. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME BENJAMIN P. KNAUS | | 13b. MOTHER'S MAIDEN NAME ELIZABETH WAMPLER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT Address MRS. FLOYD WEBSTER KNOBNOSTER, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Metastatic carcinoma DUE TO (c) Uterine carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 8/8/62 to 10/10/62 and last saw her alive on 10/9/62 Death occurred at 4:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Merritt R. Fricke, M.D. (Degree or title) | | 22b. ADDRESS 3524 Main St. K.C., Mo. | |
| 22c. DATE SIGNED 10/10/62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE OCT. 12, 1962 | |
| 23c. NAME OF CEMETERY OR CREMATOR WAMPLER CEMETERY | | 23d. LOCATION (City, town, or county) (State) KNOBNOSTER MISSOURI | |
| 24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 10-12-62 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | | |

Dr. W. R. F. F. F.
3524 Main Street
10:00. 6:00

STATEMENT BY LICENSED EMBALMER

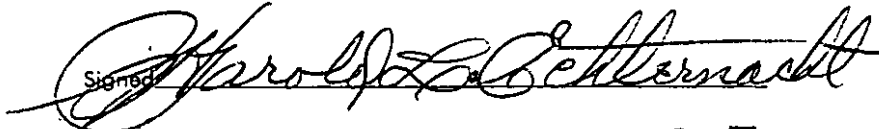
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

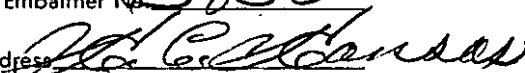
Student _____

Signature of Student Embalmer

Signed: 

Licensed Embalmer No. 3035

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.